

CERTIFICATE OF MAILING (37 CFR 1.8(A))

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being deposited with the United States Postal Service on the date shown below with sufficient postage as First Class Mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on August 5, 2004.

Signed:


Laura Lee Mosier

AUG 09 2004



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:
STEVEN T. MEYER et al.

Serial No.: 10/075,630

Filed: February 14, 2002

For: BALLOON CATHETER FOR CREATING
A LONGITUDINAL CHANNEL IN A
LESION AND METHOD

Group Art: 3763
Examiner: Mendez, Manuel A.
Date: August 5, 2004

AMENDMENT TRANSMITTAL

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is:

- [X] Amendment;
[] a ____ month extension request is hereby sought;
[X] Other: APPLICATION IS NOW A LARGE ENTITY

The fees have been calculated as shown below:

	Claims Remaining After Amendment	Minus	Highest Previously Paid For	Present Extra	Small Entity Rate Fee	OR	Other than a Small Entity Rate Fee
Total Claims	25	-	20	5	x 9 = \$		x 18 = \$ 90
Indep Claims	5	-	3	2	x 43 = \$		x 86 = \$ 172
	[] Multiple Dependent Claim Presented and Fee not Previously Paid					+145 = \$	+290 = \$
						TOTAL \$-0-	TOTAL \$ 262

Total Additional Claims Fee: \$ 262

[] Applicant hereby petitions for a _____ month Extension of Time to respond to the Official Action mailed _____ and includes the following fee:

	<u>Small Entity</u>		<u>Large Entity</u>		
[]	One month	\$ 55.00	[]	One month	\$110.00
[]	Two months	\$210.00	[]	Two months	\$420.00
[]	Three months	\$475.00	[]	Three months	\$950.00
[]	Four months	\$740.00	[]	Four months	\$1,480.00
[]	Five months	\$1,005.00	[]	Five months	\$2,010.00

Extension of Time Fee: **\$.00**

[] Fee regarding Information Disclosure Statement:
[] Fee Under 37 CFR 1.17(p) \$
[] Petition Fee Under 37 CFR 1.17(i) \$

Total Information Disclosure Statement Fee: **\$.00**

[] Other fees (list individually):

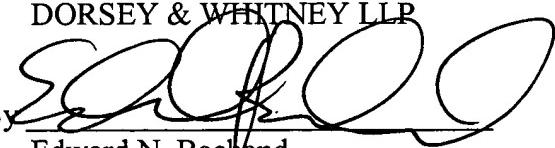
Total Other Fees: **\$.00**

TOTAL FEES: **\$ 262.00**

- [X] A check including the amount of the above indicated TOTAL FEES is attached.
[] Please charge Deposit Account No. 50-2319 in the amount of \$ _____.
[] No fee is required.
[X] Applicant is now a LARGE entity.
[] The Commissioner is hereby authorized to charge any underpayment of the fees associated with this communication under 37 C.F.R. §1.20(d), including any necessary fees for extension of time, or credit any overpayment to Deposit Account No. 50-2319: (_____) (______).

Respectfully submitted,

DORSEY & WHITNEY LLP

By 
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Reg. No. 37,085

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Group Art:	3763
Examiner:	Mendez, Manuel A.
Date:	August 5, 2004

AMENDMENT

Sir:

This Amendment is in response to the Office Action mailed May 6, 2004.

08/11/2004 BABRAHA1 00000046 10075630

01 FC:1202
02 FC:1201

90.00 OP
172.00 OP